

CLAIMS ONLY

Application Number

10-612639

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	I						51					
2		I					52					
3		I					53					
4		I					54					
5		I					55					
6		I					56					
7	I						57					
8		I					58					
9		I					59					
10		I					60					
11		I					61					
12		I					62					
13		I					63					
14		I					64					
15		I					65					
16		I					66					
17		I					67					
18		I					68					
19		I					69					
20	I						70					
21		I					71					
22	I						72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	A						Total Indep					
Total Depend	18						Total Depend					
Total Claims	22						Total Claims					

A

18

22